

Health Equity Glossary

community: A group of people who share some or all of the following characteristics: sociodemographics, geographic boundaries, sense of membership, culture, language, common norms, and interests (CommonHealthACTION 2015, adapted from the Centers for Disease Control and Prevention [CDC],n.d.).

culturally and linguistically appropriate services: Services that are tailored to an individual's culture and language preference. The provision of health care services that are respectful of and responsive to the health beliefs, practices, language and needs of diverse patients can help close the gap in health care outcomes (United States Department of Health and Human Services, 2016 adapted from *Think Cultural Health*).

culture: A dynamic pattern of learned values, beliefs, norms, behaviors and customs that are shared and transmitted by a specific group of people. Some aspects of culture, such as food, clothing, modes of production and behaviors, are visible. Major aspects of culture, such as values, gender role definitions, health beliefs and worldview, are not visible (Adapted from The California Endowment, n.d.).

culture of health equity: A dynamic process that considers shared values, and diverse beliefs, customs, and behaviors, to ensure that all individuals have fair and equitable opportunities to attain their highest potential for social, physical, and mental well-being (Connecticut Department of Public Health [DPH], 2015).

disparity: A noticeable and often unfair difference between people or things (Merriam-Webster, n.d.).

equal: 1) Of the same measure, quantity, amount, or number as another. 2) Regarding or affecting all objects in the same way (Merriam-Webster, n.d.).

equality: Equal treatment that may or may not result in equitable outcomes (Xavier University, n.d.).

equity: Providing all people with fair opportunities to attain their full potential to the extent possible (CommonHealth ACTION, adapted from Braveman and Gruskin, 2003).

equity lens: The perspective through which one views conditions and circumstances to understand who receives the benefits and who bears the burdens of any given program, policy, or practice (adapted from CommonHealthACTION, n.d.).

ethnicity: Refers to the cultural, behavioral, religious, linguistic, and/or geographical commonalities imputed to people belonging to a particular group, as opposed to genetic heritability. The boundaries of authenticity (that is, who or what "counts" as being a member of an ethnic group) are often changeable and can depend on generational, social, political and historical situations. In the United States, federal officials have determined that for data collection purposes, there are two "ethnicities": Hispanic or Latino, or Not Hispanic or Latino (OMB 1997; U.S. Census Bureau 2000a, 2001).

gender: Refers to the cultural roles assigned to males or females, which vary considerably by society. "Gender" roles and categories are created and changed over time by members of a society in order to reflect social changes as they occur (Adapted from Stratton A, Hynes MM, and Nepaul A, 2007:185).

health: A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity (World Health Organization [WHO], 1948).

health disparities: The avoidable differences in health that result from cumulative social disadvantage. Specifically, "...the differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care that exist among specific population groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness, and geographical area of residence" (Adapted from Stratton A, Hynes MM, and Nepaul A, 2007).

health disparities populations: Various terms are used in the public health literature to describe "health disparities" populations, such as: "socially disadvantaged," "vulnerable," "at risk," "priority," and "target." These terms convey slightly different meanings and one term may be more appropriate than others in any given context (Connecticut Department of Public Health [DPH], 2015).

at risk is a commonly used term in public health to describe the high probability of an unfavorable health outcome due to an identified exposure. Similarly "*risk group*" is a term that is used very frequently in the environmental health arena and in epidemiological investigations. It has also been incorporated into the chronic disease literature.

priority refers to preceding others in terms of rank or need.

socially disadvantaged groups are those "who have persistently experienced social disadvantage or discrimination...and systematically experience worse health or greater health risks than more advantaged social groups...." They tend to occupy a lower position in the social hierarchy. Examples of socially disadvantaged groups include those who are poor, racial and ethnic minorities, women, the elderly and children. (Braveman, P. 2006:180-181).

target population refers to a population of interest, and is commonly used in the field of marketing. The term does not have any other additional "health-related" connotations about the population.

vulnerable populations are those that are "not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health. Commonly cited examples of vulnerable populations include racial and ethnic minorities, the rural and urban poor, undocumented immigrants, and people with disabilities or multiple chronic conditions" (Urban Institute Health Policy Center 2010:1).

health equity: Refers to how uniformly services, opportunities and access are distributed across groups and places, according to the population group. Equity in health implies that ideally everyone can attain full health potential, and that no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill (Adapted from the World Health Organization Concept Paper as cited by the American Medical Student Association, n.d.).

health inequity: An unfair and avoidable difference in health status seen within and between communities (Adapted from the WHO Commission on Social Determinants of Health).

inequity: A difference or disparity between people or groups that is systematic, avoidable, and unjust (CommonHealth ACTION, adapted from CDC, n.d.).

public health: refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases (WHO, 1948).

race: In the United States, racial and ethnic classifications are used by federal, state and local governments, private agencies, as well as in research for the purpose of defining group characteristics, tracking morbidity and mortality, and documenting the health status of population groups. Race is widely considered a meaningful *social* characteristic, but not a valid biological or genetic category (Lewontin, R. 1995; Gould, S. 1981). Available scientific evidence indicates that racial and ethnic classifications do not capture biological distinctiveness, and that there is more genetic variation within racial groups than there is between racial groups (Williams, Lavizzo-Mourey, and Warren 1994; American Anthropological Association 1998). Contemporary race divisions result from historical events and circumstances and reflect current social realities. Thus, racial categories may be viewed more accurately as approximations or proxies for social and economic conditions that put individuals at higher risk for certain disease conditions.

sex: The term used for the physical characteristics that are the evidence of sexual dimorphism in human beings (i.e., genitalia, body hair, body shape, etc.). Not all people are born with biologically distinct female or male physical or genital characteristics. Individuals with ambiguous or both sets of genitalia are today termed “intersex” persons (Adapted from Stratton A, Hynes MM, and Nepal A, 2007:185).

social determinants of health: The conditions in which people are born, grow, live, work, age and die, including the health system. These circumstances are shaped by the distribution of money, power, and other resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between communities. (Adapted from the WHO Commission on Social Determinants of Health).

A **social justice perspective** “explicitly analyzes who benefits from—and who is harmed by—economic exploitation, oppression, discrimination, inequality, and degradation of natural resources” (Krieger, N. 2001: 696).

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